

## **Employee Certification of Total State Service**

If you have worked in North Carolina for certain employers (listed on the back of this form), you may be able to get credit toward your vacation and sick leave, longevity, service awards, and total state service.

	I have no prior N.C. state of state service.	or county emplo	yment that	would giv	e me cre	dit for total
	I certify that I do have pridunderstand that these forn employment.					
Signa	ture:			Date:		
If you	u have prior service, please	list beginning wi	th the most	current c	or last em	nployer:
Em	ployer, Address, and Phone	Position Held	Date Started	Date Ended	Full Time?	If Part Time, List # of Hrs.
Comp	olete the following information	on if you listed p	ast employ	ment abov	/e.	
Maide	Full Name:en name or other name(s) d	uring work histo	•			_
	Social Security Number:			ation is so	erroot	
	ify that to the best of my kr	-	Date:			

**Office Use Only:** Verifying HR Office, please complete the verification statement on the reverse side of this form.

## CREDITABLE SERVICE

You may be eligible for credits for the following:

- Permanent employment with any state agency (20 hours or more per week)
- 2. Public School System of North Carolina
- 3. Community College System
- 4. Administrative Office of the Courts
- 5. Social Services (except Wake County as of 12/6/96)
- 6. Mental Health (except Wake County as of 12/6/96)
- 7. Health Department (except Wake County as of 12/6/96)
- 8. Alcoholic Rehabilitation Centers (ARC) (except Wake County as of 12/6/96)
- 9. County Agriculture Extension Service (now called Cooperative Extension Services)

## NON-CREDITABLE SERVICE

You will **not** be eligible for credits for the following:

- 1. Temporary service (except General Assembly employees)
- 2. Out-of-State service
- 3. Federal employment
- 4. City employment
- 5. County employment (except as indicated under Creditable Service above)
- 6. Sheriff's department
- 7. Police department
- 8. Time while out on Leave-Without-Pay (**except** for military leave and workers' compensation leave.

## To be completed by the Verifying Agency HR office

**Verification of Service Credit.** State agency's Human Resources office, please review the data listed on the reverse and sign below if you have adjusted or agree with the information provided by the employee.

The leave documented above is correct as stated or has been adjusted to reflect the current total years/months of service.

Signature	Title	Agency	Date
Please return this	form to:		